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COVERLEBUER

ГО:	Registration Section Division of Corporations		
SUBJI	Temples Heating & Air Condition	ning	
	<u></u>	Name of Limited Lia	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered C	Office Change and I	ee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the fo	ollowing:
Brando	n K Temples		
•	Name of Person	· ·	_
Temple	es Heating & Air Conditioning		
	Firm/Company		uuusikk
8132 J	eanwood Drive		
	Address		
Jackso	nville, Florida 32210		
	City/State and Zip Cod	e	_
temple	sheatingandair@gmail.com		
E	-mail address: (to be used for future	annual report notific	cation)
For fu	ther information concerning this mat	ter, please call:	
Brande	on K Temples	904	252-7091
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ing amount:	
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited liability company: Temples Heating &	: Air Cor	nditioning	
. (a)	8132 Jeanwood Drive	(b	8132 Jear	nwood Drive
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/09/2023 Date of filing/registration in Florida	- 4.	L21000418	Document number
	Ashley A Osorio			
i. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta \$132 Jeanwood Drive			2024 APR
	Registered Office Address (MUST BE FLORIDA STREET AL	<u>DDRESS</u>	2	1 5
	Jacksonville FL_	32210	<u>-</u>	MI: 52
(L)	Brandon K Temples			2 %
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Mice ad	dress:	_
	8132 Jeanwood Drive			
	NEW Registered Office Address:	-		
	Jacksonville .FL		· · ·	
change agent v was/we he arti Signa	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member or authorized representative of a member	egistere collity collity collity collity collity collimited limited li	ed office armpany, it ited liability condon K Ten	and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. Printed or typed name of signee Practice I further agree to comply with the
provisi the obl to mer notified	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I he l'in writing of this change. Tomass Lemples To of Registered Agent	erforma for in C vreby ca	ince of my hapter 60 infirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been